

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

097569408

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		1				
4		2				
5		0				
6		0				
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TOTAL IND.	2		1			
TOTAL DEP.	5		1			
TOTAL CLAIMS	7		2			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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